RECORD VERSION

STATEMENT BY

BRIGADIER GENERAL ERIC B. SCHOOMAKER

COMMANDING GENERAL

UNITED STATES ARMY MEDICAL RESEARCH AND MATERIEL COMMAND

&

FORT DETRICK, MARYLAND

COMMITTEE ON HOMELAND SECURITY

UNITED STATES HOUSE OF REPRESENTATIVES

SUBCOMMITTEE ON PREVENTION OF NUCLEAR AND BIOLOGICAL ATTACK

FIRST SESSION, 109TH CONGRESS

IMPLEMENTING THE NATIONAL BIODEFENSE STRATEGY

26 JULY 2005

NOT FOR PUBLICATION

UNTIL RELEASED BY THE

COMMITTEE ON HOMELAND SECURITY

Mr. Chairman and members of the committee, thank you for this opportunity to discuss the role of the U.S. Army Medical Research and Materiel Command, or MRMC, in the implementation of the National Biodefense Strategy focused around our interagency partnerships.

I am the Commanding General of the MRMC and Fort Detrick. I am responsible for delivering the best medical solutions - in the form of both expertise and products, such as vaccines and therapeutic agents - to enhance, protect, and treat the warfighter on point for the Nation. This responsibility includes protection against, and treatment for, intentional or natural biological threats. Since the 2001 attacks on the U.S., this mission has expanded to include providing assistance to the other Federal partners in the protection of the Nation.

In my short time in this position, I have been very impressed with the steps our talented personnel and our interagency partners have taken to implement the National Biodefense Strategy and Congressional guidance. I am proud to describe a partnership that goes beyond the Army and the Department of Defense, as we are clearly on the road toward a vigorous and already productive interagency partnership that will ensure we meet the biomedical research and development goals of the Strategy.

Army and DoD researchers have led medical biodefense research and development for over 35 years. We have gifted people with unique expertise, facilities, and capabilities – and a proven track record. Laboratories within the MRMC are leaders in the biodefense effort, particularly the U.S. Army Medical Research Institute of Infectious Diseases, or USAMRIID, which is located at Fort Detrick. Many of the Nation's biodefense experts are at, or learned their skills from, USAMRIID. Many know USAMRIID as the home of largest biosafety level 4 research capability and as the organization that has repeatedly responded to disease outbreaks such as the anthrax-contaminated letters in 2001. A new USAMRIID facility is an essential element of implementing the National Biodefense Strategy.

The interagency partnership, which I have been discussing, can be embodied by the National Interagency Biodefense Campus, or NIBC, being planned for Fort Detrick, Maryland. Our challenge at Fort Detrick is to become the host of the NIBC comprised of biodefense laboratories of the the Army; the National Institute of Allergy and Infectious Diseases, or NIAID, of the Department of Health and Human Services (HHS) National Institutes of Health; the Department of Homeland Security; the Department of Agriculture; and in collaboration with the HHS Centers for Disease Control and Prevention, or CDC; and others."

Each NIBC partner will implement part of its agency's overall biodefense program. Collectively, the laboratories and partners will collaborate on developing a comprehensive understanding of biological agent characteristics, elucidating disease processes, and developing products to reduce risks to human health and agricultural

productivity. Additionally, the Frederick Campus of the HHS National Cancer Institute, or the NCI, already located on Fort Detrick, will collaborate with and provide biotechnology support for the NIBC partners.

Using Congressional guidance, we took a proactive role and invited partner Federal agencies mentioned earlier to join us in an interagency campus that would build upon the foundation already present at Fort Detrick. We are providing Army land and Army infrastructure, as well as facilitating the process of interagency leadership. In sum, we are ensuring the Congressionally-directed laboratory collocation will become a vibrant interagency partnership that will enhance the biodefense of the Nation.

While DoD must continue to prioritize our projects and dedicate our resources to protect and treat the warrior on point for the Nation, we see the NIBC as a unique opportunity. We can develop a more effective military program by leveraging complementary efforts of multiple agencies to defend our military and our homeland against biowarfare and bioterrorism. We anticipate that collocation will compress the discovery cycle to accelerate the development and approval of new medical countermeasures.

Together, the interagency partners are moving forward to ensure the NIBC follows the National Biodefense Strategy by coupling our complementary efforts. We have formed coordinating committees of scientists and others to ensure we address the four pillars of the Strategy (Threat Awareness, Prevention and Protection, Surveillance and Detection, and Response and Recovery). While harnessing our interagency capabilities we are avoiding unnecessary duplication and economizing efforts. Our mantra is “duplication by design and not by default.”

Planning for the future is already informing the present. Research collaborations with Federal agencies and private industry have already begun. For example, three agencies have contributed to the research and development of the next generation U.S. anthrax vaccine. The technology was developed at USAMRIID, the initial production was accomplished at the NCI, and the final manufacture, licensure, and commercialization is being accomplished by the HHS NIAID and the HHS Office of the Assistant Secretary for Public Health Emergency Preparedness via contract with VaxGen, Inc. through Project BioShield. This serves as a model option, currently being followed for other countermeasures, for successful development of solutions for national defense.

The NIBC will enhance our responsiveness to natural public health threats as well as intentional bioterrorism; it is important to note that these initially may be indistinguishable. For example, interagency partnerships played a key role in developing diagnostic systems and evaluating antiviral drugs for Severe Acute Respiratory Syndrome, or SARS, during an outbreak in several countries. CDC and USAMRIID developed tests for this newly emerging disease entity. Additionally, NIAID and USAMRIID screened over one hundred thousand compounds against the SARS-associated virus and one promising candidate has entered into clinical trials sponsored by Intermune, a commercial partner.

You can see that we are not waiting for buildings; in fact, collaboration existed among interagency partners before the NIBC concept was developed and additional partnership activities have begun and are further planned. These and other examples demonstrate that we know we are more effective working together than alone.

One final key aspect of the NIBC is development of the bench by having a critical mass of personnel in partnership with the community of Frederick, MD, and academic and business partners. Through these measures, we will have the opportunity to improve the intellectual pipeline focused on the Nation's defense against bioterrorism.

We're making significant progress every day toward realizing the vision of the National Biodefense Strategy. Fort Detrick and the NIBC will be a collaborative center of biodefense medical research and development excellence for our Nation. All partners have established good working relationships and the Frederick community is extremely supportive.

We are excited to be part of this historic partnership. I want to thank Congress for its material support of the non-DoD NIBC partners and for its recognition of the MRMC and USAMRIID as pivotal elements of this interagency partnership.

Mr. Chairman, this concludes my remarks, and I will be pleased to answer your questions.